FILED
Apr 04, 2003 8:00 am
Secretary of State
04-04-2003 90088 036 ***150.00

FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P02000040277

1. Entity Name

FRANK PROPERTIES CORPORATION

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		3. Mailing Address	
710-726 NW 5th. Ave.		2880 NE 32 ST.	
Suite, Apt. #, etc		Suite, Apt. #, etc #8	
City & State FT. LAUDERDALE, FL		City & State FT. LAUDERDALE, FL.	
Zip 33311	Country U.S.A.	Zip 33306	Country U.S.A

DO NOT WRITE IN THIS SPACE

4. FEI Number 82-0541121 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ $8.75 Additional Fee Required

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7. Name and Address of Current Registered Agent

Name UTE FRANK

Street Address (P.O. Box Number is Not Acceptable) 2880 NE 32 ST. #8

City FT. LAUDERDALE FL Zip Code 33306

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE ______________________

January 1 - May 1 Fee is $150.00
After May 1, Fee is $550.00
Amended UBR is $61.25
Make Check Payable to Florida Department of State

9. Election Campaign Financing Trust Fund Contribution. ☐ $5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	P	TITLE	
NAME	FRANK UTE	NAME	
STREET ADDRESS	2880 NE 32 ST. #8	STREET ADDRESS	
CITY-ST-ZIP	FT. LAUDERDALE, FL. 33306	CITY-ST-ZIP	
TITLE		TITLE	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE		TITLE	
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NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	

DO NOT WRITE IN THIS SPACE

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or on an attachment with an address, with all other like empowered.

SIGNATURE: [signature] UTE FRANK
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E040 (12/02)